PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number 10 / 5587/5				
-									10		0071	<u> </u>	
		CLAIMS /	(Column 1)			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
U.S. NATIONAL STAGE FEES							7 Г	RATE	FEE		RATE	FEE	
BASIC FEE							B	ASIC FEE		OR	BASIC FEE	300	
EXAMINATION FEE				-		·	E	XAM. FEE			EXAM. FEE	200	
SEARCH FEE							si	EARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			mir	us 100 =		/ 50 =	1 -	X \$ 125 =			X \$ 250 =	900	
TOTAL CHARGEABLE CLAIMS			∑ minus 20 = ∗				┪┠	X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS			2_ minus 3 = *				┧┠	X \$ 100 =	<u> </u>	OR	X \$ 200 =		
MULTIPLE DEPENDENT CLAIM PRE					<u> </u>		┨┠	+ \$ 180 =	<u> </u>	OR	+ \$ 360 =	ļ.——	
* If	the difference	in column 1 is	less than zer	o, enter "(O" in co	olumn 2	J L	TOTAL		OR	TOTAL	an)	
				•					L	1		700	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	\prod	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1 [X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=	1 [:	X \$ 100 =		OR	X \$ 200 =		
•	FIRST PRES	ENTATION OF N	MULTIPLE DEF	PENDENT (CLAIM		1 F	+ \$ 180 =		OR	+ \$ 360 =		
								OTAL ADDIT.		OR	TOTAL ADDIT.		
										•	,,,,		
-	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS	1	(Colur HIGH		(Column 3)	, <u> </u>						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1 [X \$ 25 =		OR	X \$ 50 =		
AMEN	Independent	*	Minus	***		=	1 7	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+ \$ 180 =		OR	+ \$ 360 =		
							T	OTAL ADDIT.		OR	TOTAL ADDIT.		
*	If the enter in eat												
**	If the "Highest Nu	ımn 1 is less than th ımber Previously Pa	id For" IN THIS S	PACE is less	s than '20	0'. enter "20".							
	The "Highest Nur	mber Previously Pa mber Previously Paid	d For' (Total or In	dependent) i	s than '3' s the hig	, enter "3". hest number found	d in the a	appropriate box	cin column	1.			

FORM PTO-875 (Rev. 02/2005)

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